



**STATE OF CONNECTICUT**  
*INSURANCE DEPARTMENT – Licensing Division*  
*P.O. Box 816*  
*Hartford, CT 06142*

**NAME or ADDRESS CHANGE FORM**  
***BUSINESS ENTITY ONLY***

PLEASE PRINT OR TYPE CLEARLY

<b>NAME</b> (as it appears on license):	
<b>CT LICENSE NUMBER:</b>	
<b>TAX ID NUMBER:</b>	

☐ ADDRESS CHANGE/CORRECTION:

*New Street Address:*

Street/Number/PO Box	
City, State, ZIP	
Phone Number	
Email Address	

*If the Mailing Address is a PO Box, please include the physical residence address::*

Number/Street	
City, State, ZIP	

☐ NAME CHANGE/CORRECTION:

New Name:	
Former Name:	

*If the Tax ID Number has changed, you must submit an application for a new license.*

☐ ASSUMED NAME REGISTRATION (all assumed names must operate under the same Tax ID Number as licensed name):

	Name	Tax ID Number
Assumed Name/DBA:		
Assumed Name/DBA:		
Assumed Name/DBA:		

☐ ADD/REMOVE DESIGNATED/RESPONSIBLE LICENSED INDIVIDUALS

<u>Add or Remove?</u>	<u>NAME</u>	<u>CT License #</u>	<u>Soc Sec #</u>
Add / Remove			- -
Add / Remove			- -
Add / Remove			- -

Submitted by:

Name:	Title:	Date:
Phone:	Email:	Fax: